



### Witnessing Cremation Release of Liability

I/We the authorized representative(s) of \_\_\_\_\_ herby authorize the following  
(name of deceased)

people to witness the cremation/discernment. We hereby acknowledge that we have been advised of the procedure that will be followed and the possible mental or physical stress of witnessing of this procedure may cause, and hereby agree to hold **LifePlan Crematorium Inc.** harmless from all liability as a result of this request.

Date: \_\_\_\_\_

\_\_\_\_\_

(Signature)

Witness:

\_\_\_\_\_

(Signature)

\_\_\_\_\_

Authorized Representative

Date: \_\_\_\_\_

\_\_\_\_\_

(Signature)

Witness:

\_\_\_\_\_

(Signature)

\_\_\_\_\_

Authorized Representative

Date: \_\_\_\_\_

\_\_\_\_\_

(Signature)

Witness:

\_\_\_\_\_

(Signature)

\_\_\_\_\_

Authorized Representative